Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)

**FEE TRANSMITTAL** 

PTO/SB/17 (02-07) Approved for use through 02/28/2007. OMB 0651-0032

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Application Number

FEE TRANSMITTAL				Filing Date 01/30/2004				
For FY 2007						Jacek St	achurski	
				Examiner Name				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit				
TOTAL AMO	UNT OF PAY	MENT	\$ 0	Attorney Docket N	lo.	TI-35	5418	
METHOD OF PAYMENT (check all that apply)								
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):								
Deposit Account Deposit Account Number: 20-0668 Deposit Account Name: Texas Instruments Incorporated								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filing fee								
☐ Charge ree(s) mulcated below ☐ Charge ree(s) indicated below, except on the filling ree								
Great any additional receipt or underpayments or Great any overpayments  fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Information and authorization on PTO-2038 FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
				RCH FEES EXAMIN		MINATION FEES	NATION FEES	
		Small Entity		Small Entity		Small Ent		
Application Type		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	1000	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								
Fee Description Fee (\$) Small Entity Fee(\$)								
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100	
Multiple dependent claims						360	180	
Total Claims Extra Claims Fee (\$)			Eng (\$)	Engl	Paid (\$)		endent Claims	
	00 110			1.66	0			
2	- 20 or HP =				<u> </u>	Fee (\$)	Fee Paid (\$)	
_	ber of total claim	s paid for, if greater						
Indep. Claims		Extra Claims	Fee (\$)	Fee	Paid (\$)		o	
1	- 3 or HP =	0	X <u>210.00</u>	=	0			
HP = highest numl	ber of independe	ent claims paid for, if	greater than 3					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other:								
SUBMITTED BY								
Signature	/Gerald E.	Laws/		Registration No. (Attorney/Agent)	39,268	Telephone	(713) 937-8823	
Name (Print/Type) Gerald E. Laws			patencyngency		Date ;	Date 28 December 2007		
is collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO.								
governed by 30 U.S.L. 122 and 37 C.P.R.1.14. This coverage is examinated to sake 30 minutes to complete, including gardening, preparing, and putting the production of the most of the West of the Complete support of the production of the pour equire to complete this form and/or suggestions for reducing this burden, should be sent to the Chief formation Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Oxboards V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THE ADDRESS.								
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